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PATENT
Attorney Docket No.: 017887-005920US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On March 10, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Sylvia E. Arnold
Sylvia E. Arnold

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Paul Gallagher et al.

Application No.: 10/727,303

Filed: December 2, 2003

For: SYSTEMS AND METHODS FOR
IMPLEMENTING PERSON-TO-
PERSON MONEY EXCHANGE

Customer No.: 20350

Confirmation No. 5215

Examiner: Jason M. Borlinghaus

Technology Center/Art Unit: 3628

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 10, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/727,303
Filing Date	December 2, 2003
First Named Inventor	Gallagher, Paul
Art Unit	3628
Examiner Name	Jason M. Borlinghaus
Attorney Docket Number	017887-005920US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response to rest. req.
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application.
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Return Postcard |
|--|--|--|

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Gerald T. Gray		
Date	March 10, 2005	Reg. No.	41,797

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Sylvia E. Arnold	Date	March 10, 2005